

BEST AVAILABLE COPY

183

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 01684082 FILING DATE 10/10/02
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52			
3		/					53	/		
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61	/		
12							62	/		
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70	/	/	
21							71			
22							72			
23	/						73			
24		/					74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91	/	/	
42	/						92			
43		/					93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		3				TOTAL IND. 5			
TOTAL DEP.	47	← J	47	← J			TOTAL DEP. 75			
TOTAL CLAIMS	50		50				TOTAL CLAIMS 100			

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE						
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1					1		51							
2	1		1				52							
3							53							
4							54							
5	1		1				55							
6							56							
7							57							
8	1						58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70	1						
21							71							
22							72							
23							73							
24							74							
25	1						75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86	1						
37							87	1						
38							88							
39							89							
40	1						90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	10				7		TOTAL IND.	14			8			
TOTAL DEP.	140	←		102	←	→	TOTAL DEP.	186	←		8	←	→	→
TOTAL CLAIMS	150			107			TOTAL CLAIMS	200			8			

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							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1							51			
2							52			
3							53			
4							54			
5							55			
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7							57			
8							58			
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10							60			
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33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	16		16	16			TOTAL IND.	10	10	
TOTAL DEP.	24	↔	24	24	↔	24	TOTAL DEP.	16	16	
TOTAL CLAIMS	250		250	250			TOTAL CLAIMS	242	242	